STATE OF C	ALIFORNIA -	OFFICE OF ENVIRONMENTAL HEALTH	HAZARD ASS	SESSMENT	*				10 1140 11		27/	2			
	L EXPE	NSE CLAIM	\$ #£								Page 1 of 1 Pages				
				2022 CONSTITUTE NO.		SSN OR EMPLOYEE NUMBER				DEPARTMENT					
	T'S NAME Denton. F	מי יונ		· ·	( <del>**</del> )						OEHHA				
OSITION		11.1.	1984 (1992) 1984(19) (1994(19)	CB/ID NUMBER			DIVISION OR BUREAU					INDEX NUMBER			
Director			,	N/R		Executive Office					1000 -				
RESIDENC	E ADDRES			(40)		HEADQUARTERS ADDRESS					1	TELEPHONE		7007	
	rk Addre	sś)	om A TIP	TIP CODE		1001 I Street				<u> </u>	STATE	(916) 322	-6325 ZIP CODE		
CITY	• MAKA22	3.5	state CA	ZIP CODE 95814	Sacramento				. CA			95814			
Sacramento (1) MONTH/YEAR (3)			(4)	(5)	MEALS	(6) (7)			TRANSPORTATION			(8)		(9)	
20 200	9-2/10	LOCATION				Ó.T.L/T,	\$ 10	(A)	(B)	(C)	(D)		DVIQVN1000		
(2)	85	WHERE EXPENSES WERE INCURRED	LODGING	BREAK-		NC, RELO. OR	INCIDEN- TALS	COST OF	ТҮРЕ	CARFARE, TOLLS,	ET 850	VATE R USE	BUSINESS EXPENSE	TOTAL EXPENSES	
.DATE	TIME	÷ ·		FAST	LUNCH	DINNER		TRANS.	USED	PARKING	MILES	AMT		FOR DAY	
12/16		Oakland, CA & return				50 50 50 50 50 50 50 50 50 50 50 50 50 5			SC	6.25	<i>511</i>	0.00	MA.	6.25	
12110		Oakidia, O. C. L. L.						\$ 100 5 100 5 100			***				
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n - V-			96.00	* *	6.00	12.00	6.00	85	sc					110.90	
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	SUBTOTAL	2.00 Secretario 2.00 Secretari	163.69	. 0.00	12.00	25.00	1 0.00	0.00	0.00	2 11,00		¢	A ST DEPRESE C. TO SE SE	228.19	
12/16	/09 & 1/	TRIP, REMARKS AND DETAILS 7/10: Attend staff meetings Lepresenting Cal/EPA in Ha	at OEHH	IA Oaklan	nd office	) <b>.</b>		g reports	of birth	defects.					
(12) NORM. 0800 - 17	AL WORK HO	DURS .					AGEN	ICY ACCO	UNTING (	OFFICE US	SE ONLY				
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(14) MILEA	GE RATE CL	AIMED		\$P				ÿ	)K	*	3				
		ENCY ACCOUNTING OFFICE USE ONLY	\$ 9 -			23		٠	et.	W. W.					

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING
OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seal belt usage.

CLAIMANT'S SIGNATURE

DATE

1(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

1(17) SYECYAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE